



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name O. H. METALS				Location 1002 OSWEGO ST. UTICA, NY				Date 2/6/87																			
Facility Equipment 1 ✓		Detach Clock No.		Weapon No.		Holster No.		Nightside No.		Raincoat No.		Flashlight 1 ✓		Other 3 keys Trailer + GATE															
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) Zane Fialip				Officer—Swing Shift (Name) Ote Del Vecchio				Officer—Grave Shift (Name) Dick Koborski															
						Shift Began 8 AM-PM Ended 4 AM-PM				Shift Began 4 AM-PM Ended 12 AM-PM				Shift Began 12 AM-PM Ended 8 AM-PM															
Observations or actions taken						Yes		No		Explanation				Yes		No		Explanation											
Rounds or stations missed								✓								✓													
Unlocked doors, gates or windows								✓								✓													
Unlocked vaults or safes								✓								✓													
Fire-smoke or hazards								✓								✓													
1. Extinguishers missing or defective								✓								✓													
2. Sprinkler system defective								✓								✓													
3. Fire doors or exits blocked								✓								✓													
4. Rubbish accumulation								✓								✓													
5. Motors running								✓								✓													
6. Lights left burning								✓		AS required						✓													
Injury hazards								✓								✓													
Visitors						Capt. Miller on site 2:20 PM to 2:45 PM																							
Trespassing						to wind clock. He left. 2:35 PM																							
Violation of company rules																													
Remarks																													
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																													
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.					
Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No			
2. Did you suffer any illness?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Capt. Michael M. Miller		Signatures		1		Zane Fialip		2		Ote Del Vecchio		3		Dick Koborski		4		5		6		7		8		9		10	
		Signatures		2				3				4		5		6		7		8		9		10		11		12	
		Signatures		3				4		5		6		7		8		9		10		11		12		13		14	

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